

CLAIMANT'S NAME			SSAN or EMPLOYEE NUMBER*		DEPARTMENT		
POSITION				CB/ID NUMBER	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS*					HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY		STATE	ZIP CODE		CITY		STATE ZIP CODE

[illegible]

CLAIM TOTAL			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED	
		<div>AGENCY ACCOUNTING OFFICE USE ONLY</div>	
		PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE